North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS)
April 24, 2008 Advisory Committee Meeting Minutes

Attendees

Member/Representatives:

Sonja Bess	Catawba/Burke Local Management Entity (LME)
Jeannie King	North Carolina Mentor
Ann Paquette	Triumph
Christy Pelletier	Coastal Horizons
LisaCaitlin Perri	The Durham Center
Dave Peterson	Wake County LME
Andy Smitley	Sandhills
Diocles Wells	Southeastern Center for Mental Health, Developmental Disabilities, & Substance Abuse

Guests:

John Bigger	Southern Regional Area Health Education Center, NC Evidence-Based Center
Leatte Black	Eastpointe
Rose-Ann Bnyda	Cumberland LME
Tammy Bonas	Wake County LME
Rich Bonfanti	Pathways LME
Becky Brice	Beacon Center
Connie Brown	Alamance-Caswell-Rockingham LME
J.T. Cardwell	Drug Free NC – Partnership
Teresa Caudle	Crossroads
April Chambers	Cumberland LME
Margaret Clayton	Five County Mental Health Authority
Teresa Dawson	Community Alternatives, NC
Wes Early	Guilford Center
Kelly Shepherd Ingram	Piedmont Behavioral Healthcare LME
Kim Keehn	East Carolina Behavioral Health
Angela Maiello	A-1 Community Support Agency
Brian Misenheimer	Five County Mental Health Authority
Amy Mitchell	Vision Behavioral Health Services, LLC
Alison Parker	Innovation Research
Tammy Powers	Southeastern Regional Mental Health, Developmental Disabilities and Substance Abuse Services
Sherry Vance	Piedmont Behavioral Healthcare LME
Vince Wagner	Cumberland County Mental Health Center
Bob Werstlein	Daymark Recovery Services

Staff:

Becky Ebron	Quality Management, NC DMHDDSAS
Jaclyn Johnson	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Alexis Lockett	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI
Lillian Robinson	NDRI

Meeting Convened at 10:00 a.m. with Self Introductions

January 24, 2008 Meeting Minutes Approved
- ❖ Minutes were approved as presented.

Using NC-TOPPS to Measure the Success of Evidence Based Practices – J. Bigger
- ❖ J. Bigger shared a PowerPoint presentation entitled, "Evidence Based Practices: Outcomes in North Carolina". The North Carolina Evidence Based Practices Center (NC EBP) was created by the Southern Regional Area Health Education Center in Fayetteville, North Carolina and is supported by a grant from the Duke Endowment. Over the course of its initial three years the NC EBP Center developed and trained on 6 SAMSHA curriculums. The Center has evaluated the effectiveness of its trainings and developed a therapeutic foster care toolkit (Year 2). In Year 3 services were expanded to provide technical assistance and consultation, revised curricula as needed and continued to evaluate effectiveness of trainings/curriculum.
- ❖ The NC EBP has received a 3 year extension to focus on 4 key areas. One of these key initiatives involves the use of NC-TOPPS outcome measures. The focus of the initiative is to evaluate the effectiveness of treatment implementation of non EBP trained clinicians versus EBP trained clinicians. In the upcoming year these two groups of clinicians that provide Assertive Community Treatment (ACT) team consumers will be compared using outcome measures from NC-TOPPS.
- ❖ NC-TOPPS is selected because it is the common tool across all providers. The outcome measures selected will be based on those developed upon work conducted by Beth Melcher and The Durham Center. The domain items used by The Durham Center include: Restricted Environment; Social/Family Supports; Criminal Justice; Quality of Life; Incarceration; Customer Satisfaction; Housing Status; Retention in Treatment; Employment Status; Time to Access Services; Educational Involvement; Substance Abuse; Emergency/Crisis Services; and Diagnosis. From these areas, five NC-TOPPS measures that are pertinent to ACT consumers will be used in the study.
- ❖ Findings from the study using NC-TOPPS data are planned to be completed in December 2008.

Example of a Quality Management Program – A. Paquette
- ❖ A. Paquette shared two PowerPoint presentations entitled, "Triumph, LLC Quality Management Annual Report 2006/2007" and "Triumph, LLC Quality Management Data Report FY 2007-2008". Handouts of two sections of the Commission on Accreditation of Rehabilitation Facilities (CARF) manual were also provided.
- ❖ The goal of her presentation was to provide a big picture of quality management for Triumph and the use of data. As Triumph moves toward CARF accreditation in 2008, it adopted a 5 year strategic plan, incorporating CARF business practices and began improvement action plans as a result of CARF standards reviews.
- ❖ She encouraged attendees to use accreditation standards as a road map for their quality management system and to align their reporting with the state fiscal year to facilitate data access.
- ❖ Her "Annual Report" presentation highlighted four goals presenting the goal, data, contextual commentary and the specified action from the Quality Management Plan. She discussed peer review, additional compliance measures and briefly walked

through seven different reports. These reports included: client satisfaction; incident report summary; complaint report summary; staff turnover; staff exit interview data; workman's compensation claims and community collaborative activities.

❖ The "Quality Management Data Report' provided information on the company's overview of quality measures by quarter for each site. On the examples provided she presented the goal and described the sample size. Data is gathered quarterly on the specified goals. Besides providing information on specific goals, the report also highlighted other QM activities. Additionally, analysis, trends and improvement activities by quarter were shared.

❖ She noted that NC-TOPPS data could possibly be used in capturing some of the needed information. However, due to the high volume of missing data in NC-TOPPS, they were unable to use data gathered through the online system. Instead they selected a measure, in this case the NC-TOPPS measure on community inclusion, and then gathered the data on community inclusion at each PCP review.

Durham Use of NC-TOPPS Reports – L. Perri

❖ L. Perri shared a Durham Center presentation entitled "Using Matched NC-TOPPS Adult Substance Abuse Data".

❖ The Durham Center's analysis was triggered by the board asking how Substance Abuse consumers were progressing in treatment. The agency used the matched NC-TOPPS reports and compared this information to statewide reports. They looked at the methodology of how the data were collected, demographics, diagnosis, primary drug problems (top 3), reduction in substance abuse, very important services needed and life interference. From this information it was clear how The Durham Center was different or similar to the overall state NC-TOPPS data. For example, The Center had a much higher proportion of African Americans, homeless and older consumers than did the state total.

❖ From the needs assessment survey the Durham Center learned that housing and employment/vocational services were rated low. Focus groups comprised of consumers and family members, providers and community agencies reinforced the need for better housing and employment services. The focus groups additionally expressed concern on workforce development and stigma reduction. The needs assessment concluded the need for residential treatment and housing options, access to employment services, increasing engagement and outreach activities and enhancing treatment capacity and qualified providers.

❖ Perri shared concerns about the NC-TOPPS data, such as too much missing data due to not completing NC-TOPPS at all or not completely with the consumer present.

❖ The Durham Center plans to provide technical assistance to substance abuse providers. She hopes that the revising of the NC-TOPPS Interviews will encourage thorough and timely completion that will allow for more data in the reports. Finally, they will begin using program-specific matched reports to compare among providers.

NC-TOPPS Tool Revisions, Updates on Guidelines, and Website – M. Cawley, B. Ebron, & M. McNeely

❖ The goal of the NC-TOPPS tool revision is to cut the instrument by 25-30% and simplify remaining questions. Items were selected by the management team to drop, keep and to discuss further. These items were then shared with other stakeholders for input. Focus groups have been conducted with providers. Feedback has been received from LMEs and quality improvement staff.

❖ Consumer focus groups are being organized by NC Families United in conjunction with the local CFACS. Two consumer groups (Mount Airy, Greensboro) will be held. The one in Mount Airy is predominantly adult focused. One in Greensboro will focus on children. The consumers and family members will be paid for time. We are expecting feedback on sitting through the interviews and answering the questions especially sensitive items.

❖ Seven provider focus groups have been conducted. Programs serving specific populations, such as maternal/perinatal programs, expressed a desire to keep certain questions on the tool. Other participants suggested dropping certain items since they are captured elsewhere. Some information is collected on different tools such as the Screening, Triage and Referral (STR) and the person center plan (PCP). All groups liked the addition of the screener questions on alcohol, tobacco and illicit substances for mental health consumers. The management team will review all of the information and make decisions on items to keep, drop and modify. The revised tool will be implemented on July 1, 2008.

❖ To assist individuals in knowing when to conduct an NC-TOPPS interview a list of service codes that require NC-TOPPS was constructed and distributed to attendees.

❖ Attendees stressed a need for NC-TOPPS training aides produced by M. McNeely for LMEs and their providers.

❖ Attendees also noted that Medicaid providers who directly enroll and provide SA outpatient treatment have no connection with LMEs. LMEs cannot enforce Medicaid providers to do anything since there is no person center plan, no screening, triage and referral

❖ Attendees wondered what the timeframe is for a clinician to get a login and password. The answer is they can expect to receive login information within 7 – 10 business days.

SE Center NC-TOPPS Management – D. Wells

❖ D. Wells presented on how Southeastern Center LME facilitates NC-TOPPS completion among providers.

❖ D. Wells explained the tactics used to spur the growth in the number of clinicians and providers submitting NC-TOPPS Interviews since SFY 2005.

❖ D. Wells uses the Super User Updates Needed listing to determine which NC-TOPPS interviews are needed. He then sends a weekly reminder to others (interviewers and supervisors) about which interview is needed within the next two weeks. Beginning SFY 2006-2007 he emailed reminder notices. This has greatly reduced past due notices. If past due, he gives a telephone reminder. Additionally, D. Wells educates clinicians on how to complete "Incomplete Assessments".

❖ He plans to continue with telephone reminders, collaborate more with Southeastern Center LME's Provider Relations, and meet with providers during their staff meetings to cover NC-TOPPS issues. He will use data more by increasing requests for outcome reports from Craddock at NDRI and use NC-TOPPS Update compliance data. Finally, he will work with Quality Assurance projects by providers to meet performance agreements standards.

❖ The key to his success is communication. He has a good relationship with NC-TOPPS management team and providers.

❖ D. Wells addressed several questions.
  o He noted that he is the only LME staff that works on NC-TOPPS compliance.
  o He emphasized during the question and answer that communication is the key and that it is very rare that he has to be punitive. One of Southeastern Center's

provider noted that D. Wells "meets you where you are and walks with you to meet your goal."
- o How do you know if an Initial has been submitted? I use the form B or Person Centered Plan consumer admission form.
- o Are you seeing a decrease in reminder calls? Yes, calls are actually taking less time to do than sending out an email. I ask for voice mail and leave a message if person not there.
- o How many providers/sites? We have 72 providers/sites.
- ❖ One attendee ascertained that why Southeastern Center does so well is that they have one person dedicated to NC-TOPPS, "In essence this organization has instituted a Super – SuperUser who informs all users of NCTOPPS of needed interviews."

Other - Members
- ❖ J.T. Cardwell, Partnership for a Drug Free NC, made the statement that a clinician's heart is geared towards meeting the need of the consumer. Therefore, he is trying to find a reason for clinicians to see NC-TOPPS as being a part of good care. So the question is "What is the value of NC-TOPPS for a consumer?" We need to work on framing this for the clinician. Some arguments were: NC-TOPPS Interviews are helpful in the development of a consumer's person centered plan. NC-TOPPS also shows progress overtime which we hope will be displayed when we are able to implement the consumer individual report. Also, NC-TOPPS can provide information to consumers on programs that can aid them in their provider selection. Attendees agreed that we need more thought on this topic.
- ❖ Rich Bonfanti, Pathways LME, shared that his LME would like to see if we could develop an after care Interview under NC-TOPPS. He acknowledged that we know we have compliance issues with current requirements, but it is important to look at consumers 3 or 6 months after treatment has ended. Most accreditation systems require providers organizations to have an after care process in place. Ebron acknowledged that she had heard a similar request at the State CFAC meeting.

Wrap Up and Adjournment
- ❖ Meeting adjourned at 2:30.

Please contact Marge Cawley at cawley@ndri-nc.org for a copy of the PowerPoint presentations and/or handouts given during the meeting.